



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Inpatient Acute, Inpatient Psychiatric, and Inpatient Rehabilitation Service Providers, and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 2/14/2007

SUBJECT: Updates and Clarification of the Inpatient Prior Authorization Process for Inpatient Acute Care Services

The purpose of this memorandum is to provide periodic updates, clarification, and steps for the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This memorandum is one in a series of updates that will assist providers in obtaining PA-related information that will expedite the review process. We appreciate the provider input and suggestions given to us which have helped facilitate a greater understanding of providers' needs.

Helpful Submission Tips for Quickest Processing

Following are additional tips to expedite the processing of your PA request:

- KePRO is currently processing retro reviews within 20 business days of receipt. Please **do not** bill for retro services until you receive your PA approval letter.
- If Medicare Part A is the primary payer, KePRO will not process these requests until the recipient exhausts Medicare A during the stay or after discharge. Once Medicare Part A is exhausted, notify KePRO with the exhaustion date, and KePRO will process the admission at that time.
- To prevent illegible requests, providers are encouraged to use the editable versions of the DMAS 362 (Inpatient Prior Authorization Request form) for submission of your inpatient request. This form and instructions for use are located under "forms" on KePRO's website <http://dmas.kepro.org>.

- Be sure to complete the Contact Information. Sometimes one item is missing from the request and a phone call back to the contact person could clear it up quickly.
- Please note clearly on your fax coversheet or any document faxed when you are submitting “Additional Information”. This will help get information to the right person and avoid delays.
- When faxing multiple cases, limiting faxes to three cases per fax, whenever possible, helps to minimize delays.
- The following Inpatient PA Service Types should be used to expedite your inpatient request:
 - Inpatient Acute Hospital – 0400
 - Intensive Inpatient Rehabilitation – 0200
 - CORF (Comprehensive Outpatient Rehabilitation Facility) – 0201
 - Inpatient Psychiatric in Acute Care – 0401
 - Inpatient Psychiatric in Freestanding Facility – 0093
- Be sure to fill out the Severity of Illness and the Intensity of Service fields. Please do not send nursing notes without completing those two fields.
- Remember timeliness guidelines and be sure to submit requests **prior** to rendering services. Untimely submission could cause a denial of part or all of the service requested.

Resource Information

- Use the DMAS 362 (Inpatient Prior Authorization Request form) for submission of your inpatient request. This form and instructions for use are located under “forms” on KePRO’s website <http://dmas.kepro.org> or at www.dmas.virginia.gov/pr-prior_authorization.htm.
- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 if you are located out-of-state or 804-786-6273 if you are located in Richmond.

KePRO Contact Information

You may contact KePRO through the following methods:

iEXCHANGE: <http://dmas.kepro.org/>

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX (1-877-652-9329)

Mail: 2810 N. Parham Road, Suite 305,
Richmond, VA 23294

Provider Issues: ProviderIssues@kepro.org

DMAS and KePRO Website Resources

The following resources are available on the DMAS and KePRO websites:

1. iEXCHANGE Registration information
2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes
3. Recent PA provider training presentations
4. Prior Medicaid Memos
5. PA Fax Request Forms and Instructions
6. PA Reference Guides
7. KePRO “Insider” Provider newsletter

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.